

Appl. No. 09/894,542
Amalnt Dated 8/20/2004
Reply to Office Action of 5/20/2004

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OFFICIAL

APPLICANT: VERNON MEADOWS, ET AL.)
SERIAL NO.: 09/894,542) ART UNIT
FILED: June 28, 2001) 2645
FOR: SYSTEM AND METHOD FOR) EXAMINER:
ELECTRONIC MESSAGE STATUS) Escalante,
CERTIFICATION) Ovidio)

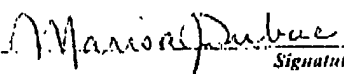
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Sheila Smedick
 8-20-04
Signature date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Applicants request entry of the following amendments and remarks contained
herein in response to the Office Action mailed May 20, 2004. Applicants respectfully
submit that the following amendments and remarks place the instant application in
condition for allowance.

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 00347 (BLI-0036)	
Applicant(s): VERNON MEADOWS ET AL.						
Application No. 09/894,542	Filing Date June 28, 2001	Examiner O. Escalante	Customer No. 36192	Group Art Unit 2645	Confirmation No. 6211	
Invention: SYSTEM AND METHOD FOR ELECTRONIC MESSAGE STATUS CERTIFICATION						
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COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	40 -	74 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	2 -	5 =	0 x	\$86.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Marisa J. Dubuc Registration No. 46,673 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Facsimile (860) 286-0115 Customer No. 36192			Dated: August 20, 2004			
CC:			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)			
			_____ Signature of Person Mailing Correspondence			
			_____ Typed or Printed Name of Person Mailing Correspondence			